

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091779803

FILING DATE
28-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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44		1				
45		1				
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47						
48						
49						
50						
OTAL ND.	13					
OTAL DEP.	32	↓	↓	↓	↓	↓
OTAL CLAIMS	15	████████	████████	████████	████████	████████

	*	*	*	*
IND.	IND.	IND.	IND.	IND.
51				
52				
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95				
96				
97				
98				
99				
100				
TOTAL IND.		↓	↓	↓
TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS		████████	████████	████████